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and to a collection of information unphers it displays a valid OMB control number.

| FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 Arr | Application Number 10/519,941-Conf. #5052 Filing Date December 29, 2004 First Named Inventor Masaya TANAKA Examiner Name C. T. Ostrup At Unit 3771 Other (please identify): Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP Bereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing for the content of the conten | |
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| FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 180.00 Att METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None X Deposit Account Deposit Account Number: 02-2448 For the above-identified deposit account, the Director is her X Charge fee(s) indicated below | December 29, 2004 Masaya TANAKA C. T. Ostrup Mat Unit Other (please identify): Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP Bereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing forms. | |
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| fee(s) under 37 CFR 1.16 and 1.17 | | |
| FEE CALCULATION | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | _ |
| | CH FEES EXAMINATION FEES | |
| Small Entity Application Type Fee (\$) Fee (\$) | Small Entity Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) | |
| Utility 330 165 540 | Fee (\$) Fee (\$) Fees Paid (\$) 270 220 110 | |
| Design 220 110 100 | 50 140 70 | |
| Plant 220 110 330 | 165 170 85 | |
| Reissue 330 165 540 | 270 650 325 | — |
| Provisional 220 110 0 | 0 0 0 | — |
| 2. EXCESS CLAIM FEES | Small Ent | |
| Fee Description | Fee (\$) Fee (\$) | |
| Each claim over 20 (including Reissues) | 52 26 | |
| Each independent claim over 3 (including Reissues) | 220 110 | |
| Multiple dependent claims | 390 195 | |
| Total Claims | Paid (\$) <u>Multiple Dependent Claims</u> | |
| 4 -20 = x = | Fee (\$) Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20. | | |
| | Paid (\$) | |
| 1 -3 = x = HP = highest number of independent claims paid for, if greater than 3. | | |
| | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (exclistings under 37 CFR 1.52(e)), the application size fee due is sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.52(e) | \$\$270 (\$135 for small entity) for each additional 50 | |
| | tional 50 or fraction thereof Fee (\$) Fee Paid (\$) | |
| | und up to a whole number) x = | _ |
| 4. OTHER FEE(S) | Fees Paid (\$) | - |
| Non-English Specification, \$130 fee (no small entity discount) | | |
| Other (e.g., late filing surcharge): 1806 Submission of an Inf | nformation Disclosure Statement 180.00 | |
| SUBMITTED BY | | = |
| | gistration No. orney/Agent) 32,868 Telephone (703) 205-8000 | |
| Name (Print/Type) Andrew D. Meikle | Date January 6, 2009 | |